

All Iowa schools must respond to a request from IDPH to submit a spreadsheet of the names of all kindergarten students, within 60 days from the start of the school year. IDPH electronically matches the information on these spreadsheets with the IDPH database to determine which children have been tested and those who haven't. If children haven't been tested, IDPH will work with the school, local health agencies, and local health care providers to get children tested. For this process to work, it is important for health care providers and the laboratories to follow Iowa law and report all blood lead tests to IDPH.

Many insurance plans pay for this test, including Medicaid and *hawk-i*. If a family does not have a way to pay for this test, IDPH and local Childhood Lead Poisoning Prevention Programs will assist parents in finding a location where the child can receive the blood lead test.

If the IDPH has a record of the test result for a child younger than age 6, that child doesn't need another test to meet this Iowa requirement. However, IDPH recommends and Medicaid requires that children be tested several times for lead poisoning. Please see the "Basic Blood Lead Testing Chart" on the other side of this page.

Testing done by Lead Care II

The IDPH **does** recognize blood lead testing that is done with the Lead Care II. However, providers using a Lead Care II should be aware of the following:

• If you use a Lead Care II, you become the analytical laboratory and are required to report the results of all blood lead testing to the department electronically each week. (There is free software available from Magellan Diagnostics, the manufacturer of the Lead Care II, to facilitate this reporting.)

• All blood lead tests done on the Lead Care II will be considered capillary or screening tests, whether capillary or venous blood is used. Children with levels of 10 micrograms per deciliter ($\mu g/dL$) or higher on a Lead Care II must be retested using venous blood sent to a reference laboratory. Children who have had previous levels greater than or equal to 10 $\mu g/dL$ must be tested with venous blood lead samples sent to a reference lab until their blood lead level drops to less than 10 $\mu g/dL$.

Elevated blood lead levels are still a concern

Currently between 0.75 and 1 percent of the children in Iowa receiving blood lead tests have confirmed elevated blood lead levels above 10 micrograms per deciliter. Most cases of childhood lead poisoning are caused by lead-based paint in housing built before 1960.

lowa Department of Public Health's recommendation for blood lead testing

The department recommends that all children be tested for lead poisoning when they are one-year-old. If the provider uses the department's questionnaire to assess risk, children can be tested according to the low-risk or high-risk schedule, see below. If the provider does not assess risk, then all children should be tested according to the high-risk schedule. Iowa law requires all children covered by Medicaid be tested according to the high-risk schedule. For more information, contact the Iowa Department of Public Health at (800) 972-2026 or visit our website http://idph.iowa.gov/lpp/blood-lead-testing.

If parents believe that their child is at very low risk for lead poisoning, contact Stuart Schmitz, State Toxicologist, at the Iowa Department of Public Health. He will determine if a "very low risk" exemption will be granted to the child. He can be contacted at (515) 281-8707 or at his email address: stuart.schmitz@idph.iowa.gov. Only the Iowa Department of Public Health can determine if a child is at a very low risk for lead poisoning and can grant this exemption. This exemption is different from the low risk testing schedule shown below.

Basic Lead Testing Chart (Risk Classification - Based on Risk and Age)

